

# Community Health Workers: Creating Large-Scale Social Change in Childhood Obesity through Collective Impact

Presented at the  
*Primary Care Symposium: Enhancing Care with Community Health  
Workers*  
September 5, 2013

the [**Otro Mar**] project



**The New York Times**

## Poor Children Show a Decline in Obesity Rate

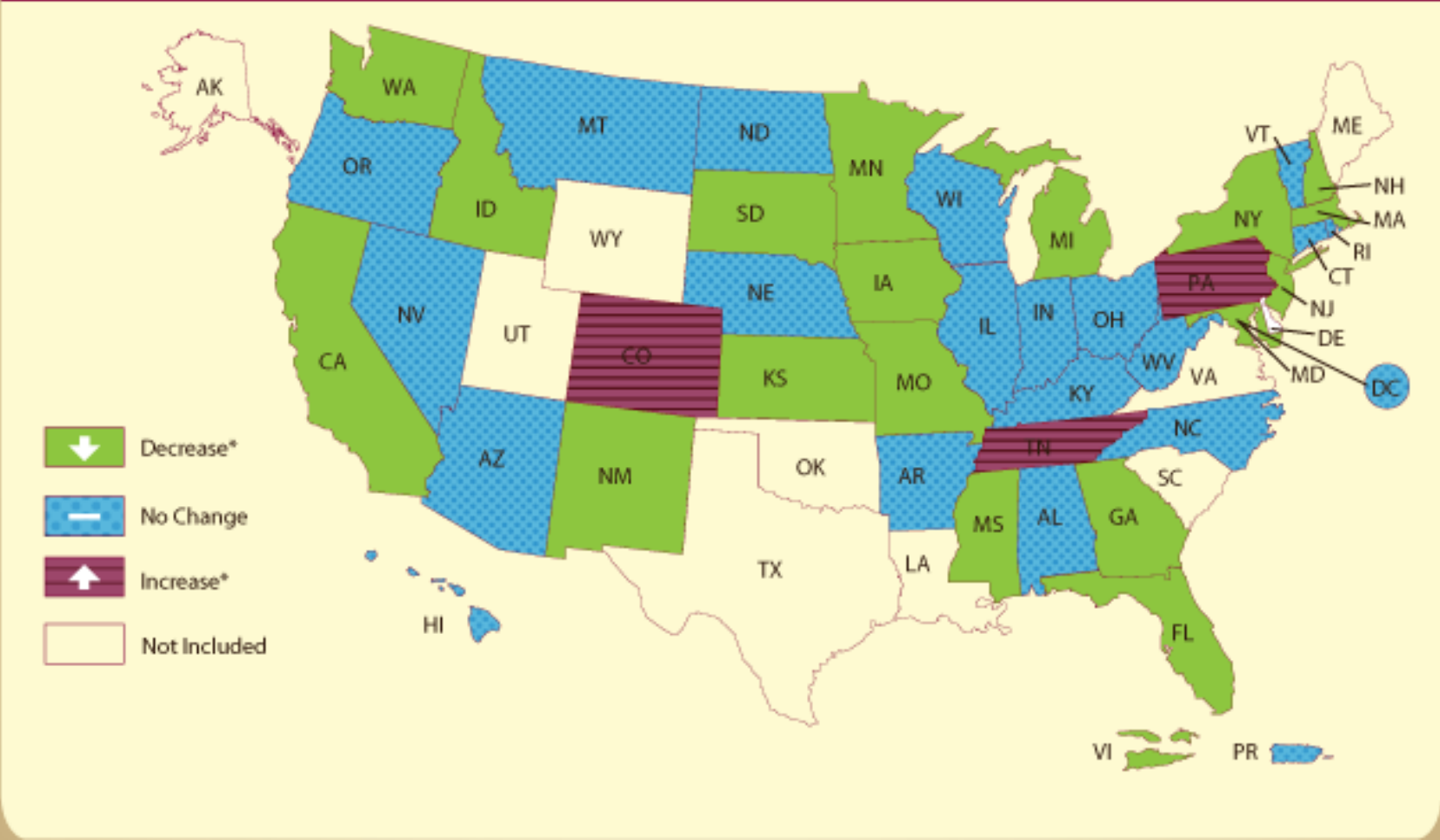
by Sabrina Tavernise

Published: August 6, 2013

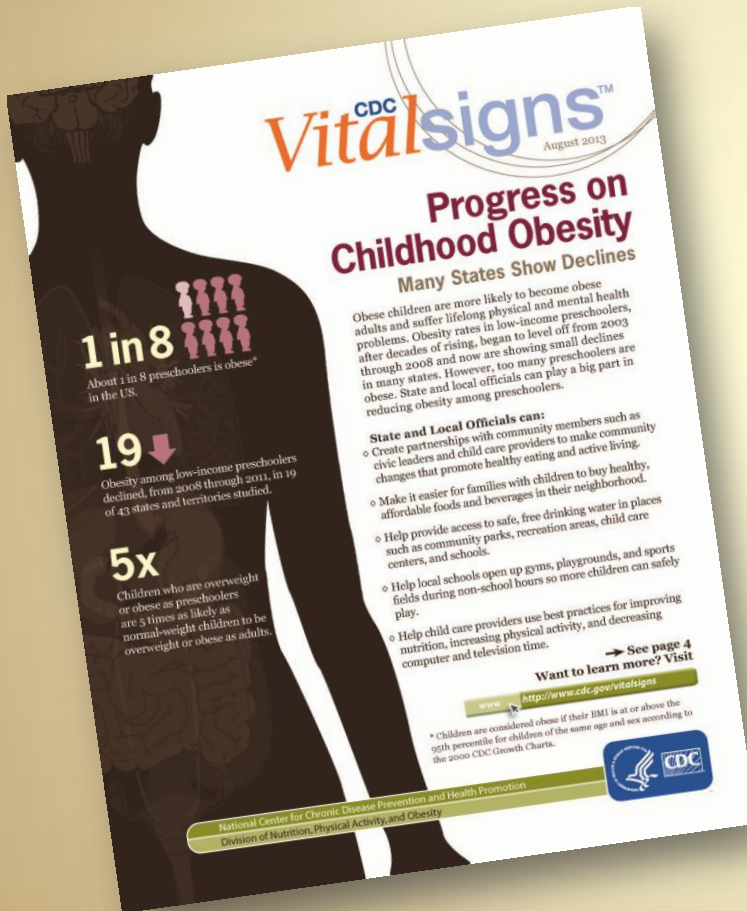
“The obesity rate among preschool-age children from poor families fell in 19 states and United States territories between 2008 and 2011”



**Many states and US territories are showing decreases in childhood obesity**



# What Can Be Done?

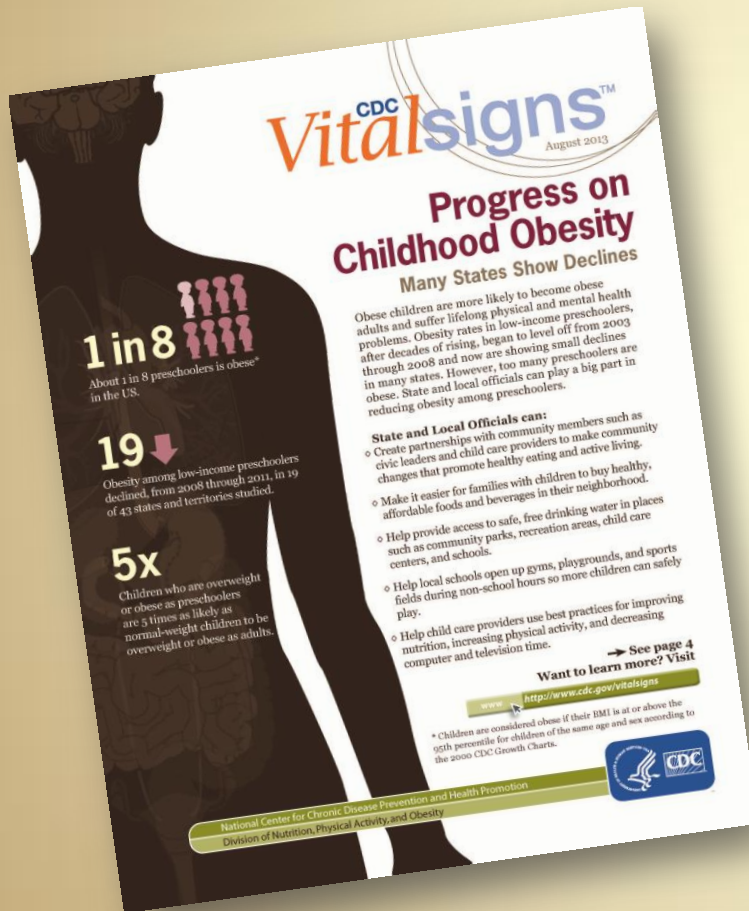


## State and Local Officials can:

- Create partnerships with community members such as civic leaders and child care providers to make community changes that promote healthy eating and active living.
- Help child care providers use best practices for improving nutrition, increasing physical activity, and decreasing computer and television time.



# What Can Be Done?



## Doctors and nurses can:

- Measure children's weight, height and body mass index routinely.
- Counsel parents about nutrition and physical activity for their children.
- Connect families with community resources such as nutrition education and breastfeeding support services.

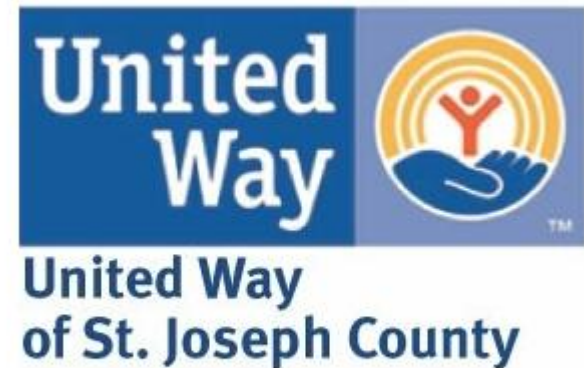




# Collective Impact

Successful collective impact initiatives typically have five conditions that together produce true alignment and lead to powerful results:

- Common Agenda
- Shared Measurement
- Mutually Reinforcing
- Continuous Communication
- Backbone Support Organizations



# Common Agenda

- Healthy People 2020:
  - NWS-10.1: Reduce the proportion of children aged 2 to 5 years who are considered obese
  - Baseline: 10.7 percent of children aged 2 to 5 years were considered obese in 2005–08
  - Target: 9.6 percent
- According to RWJF, reducing the average body mass index by 5% in Indiana could lead to health care savings of more than \$5 billion in 10 years and \$13billion in 20 years.
- Raise healthier, better academically prepared children while reducing costs for their future state economy.



# Shared Measurement

Measure and Track BMI for all:

- PreK-1<sup>st</sup> Graders
- 3<sup>rd</sup> Graders
- 6<sup>th</sup> – 8<sup>th</sup> Graders
- In the SBCSC for two years.





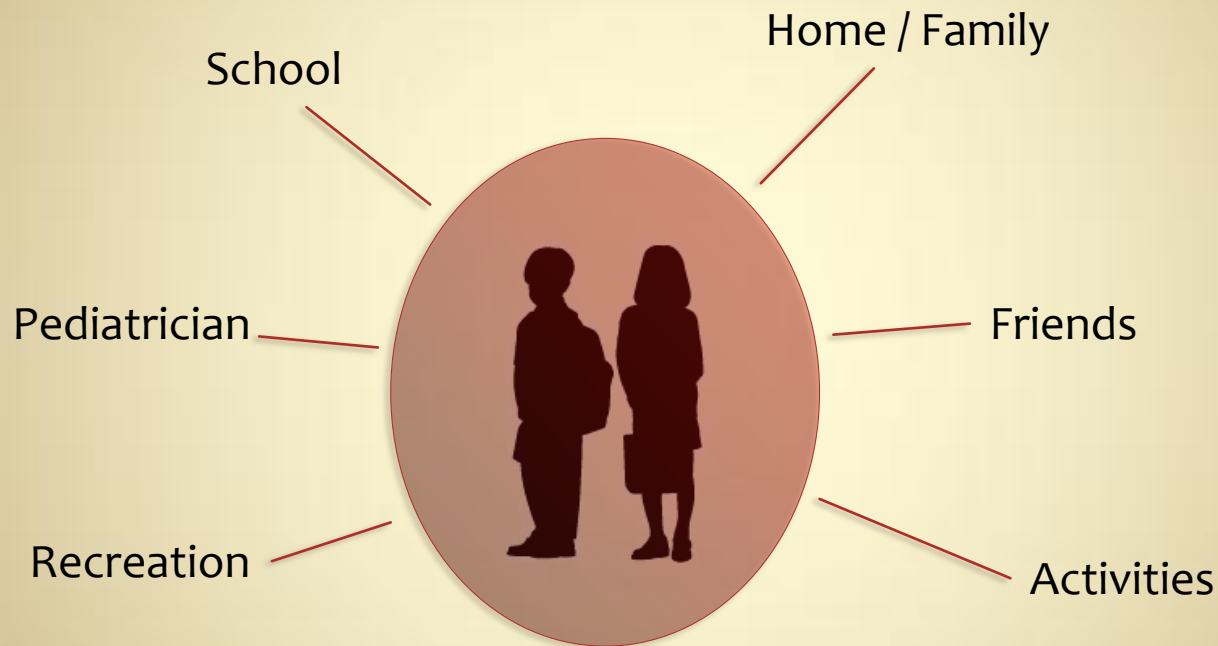
# Socio-ecological Model



Reference: Institute of Medicine. (2003). The Future of the Public's Health in the 21st Century. Washington, D.C.: National Academies Press. Original source: Dahlgren G, Whitehead M. 1991. Policies and Strategies to Promote Social Equity in Health. Stockholm, Sweden: Institute for Futures Studies.



# Child's Socio-ecological Model



# Mutually Reinforcing Interventions

## **Student BMI Measurements and Tracking**

(Collaborating partners: Superintendent of the South Bend School Corporation (SBCSC), South Bend School Corporation Board of School Trustees\*, St. Joseph County Health Department, Purdue University: Purdue Extension - St. Joseph County)

## **Primary School Curriculum on Nutrition and Physical Activity**

(Collaborating partners: Health Department of St. Joseph County, Purdue University Extension)

- **Exploring MyPlate with Professor Popcorn** (adapting for HS-aged students)
- **CATCH** (Coordinated Approach To Child Health) (introducing Preschool module)

## **Physician's Office Intervention: *Prescription to Play***

(Collaborating partners: Dr. Robert Riley, the E. Blair Warner Family Medicine Center of Memorial Medical Group, Purdue University: Purdue Extension - St. Joseph County, Memorial Home Care/SCSC School Nurses Program)



# Physician-Level Intervention:

## Continuous Communication

- A recent survey of practicing pediatricians found that nearly all respondents reported measuring height and weight at well-child visits, using growth charts as a reference. However, only about half calculate and assess BMI percentile for gender and age for children older than two years of age.
- Most pediatricians reported that they lacked time to counsel on overweight or obesity and **counseling alone has poor results**, yet they noted that having simple diet and exercise recommendations would be helpful.

Source: Klein, J.D., Sesselberg, T.S., Johnson, M.S., O'Connor, K.G., Cook, S., Coon, M., Homer, C., Krebs, N., Washington, R.(2010). Adoption of body mass index guidelines for screening and counseling in pediatric practice. *Pediatrics*, 125(2), 265-72.

- In another survey, only about 37% of overweight children and adolescents reported being told by a health care provider they were overweight .

Source: Centers for Disease Control and Prevention.(2005).Children and teens told by doctors that they were overweight, United States, 1999-2002.*Morbidity and Mortality Weekly Report*, 54(34), 848-9.



# Mutually Reinforcing Interventions

## Youth Family Nutrition (YFN) Program

(Collaborating partners: Dr. Robert Riley, the E. Blair Warner Family Medicine Center of Memorial Medical Group, Purdue University: Purdue Extension - St. Joseph County, Memorial Home Care/SCSC School Nurses Program\*, Reducing Obesity Coalition of St. Joseph County/St. Joseph County Health Department)

## Development & Deployment of Web-based Mutli-player Social Environment

(Collaborating partner: Interdisciplinary Center for Network Science & Applications - iCeNSA - at the University of Notre Dame)

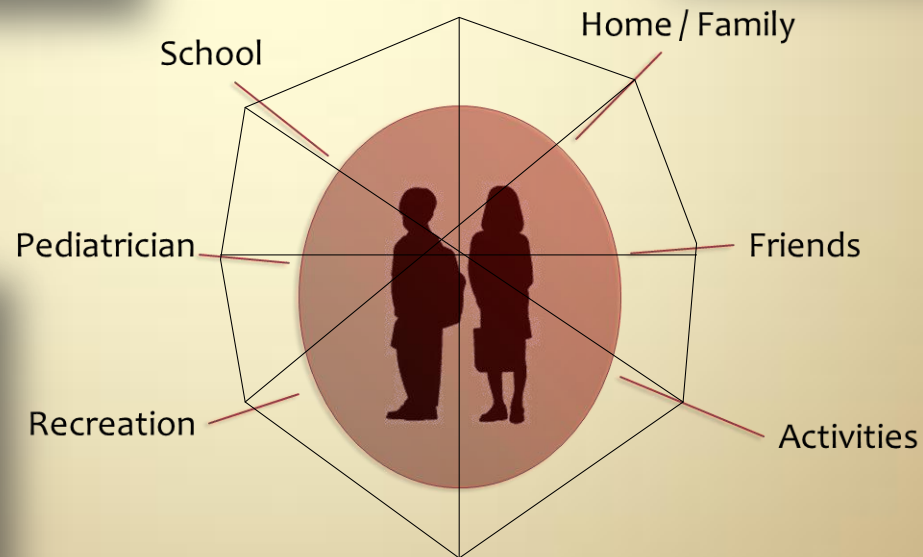
## Educators Collaborative Forum

(Collaborating partners: Superintendent of the South Bend School Corporation (SBCSC), South Bend School Corporation Board of School Trustees\*, South Bend School Corporation Teachers and Principals, St. Joseph County Health Department, Purdue University: Purdue Extension - St. Joseph County)





# Child's Socio-ecological Model





# Child's Socio-ecological Model



School

Home / Family



Pediatrician



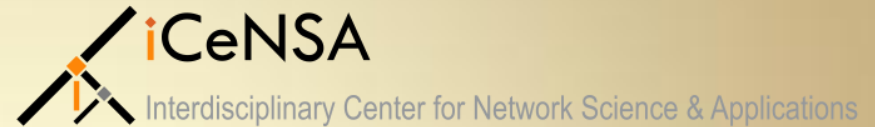
Friends

Recreation

Activities



# Backbone Support Organizations



PURDUE  
EXTENSION



And Many Others...



# Creating Partnerships & Promoting Healthy Change

